

Form 29-a1 Welding & Cutting Hot Work Permit

Supervisor: _____ Date _____ Permit No. _____

Description of Work: _____

Location of Work: _____

List Names of Persons Performing Work

“Fire Watch” Personnel

Check the Appropriate Boxes

Permits Required-List	Y	N	NA	Equipment-Tools-Material	Y	N	NA	Items Completed	Y	N	NA
Confined Space				Scaffolds & Ladders				Lines/ Vessels/Systems Purged			
Excavation				Non Sparking Tools				Lines, Vessels, Systems Clean			
Hot Tapping				Fall Protection in place				Mechanical Ventilation In Place			
Line Break				Temporary Platforms				Drains and Sewers Covered			
Other				Airline Respiratory Systems				Valves Closed or Safe Position			
Training Verified	Y	N	NA	Self Contained Breathing Units				Energy Systems Locked Out			
Employees				Monitoring Instruments				Blinds Installed			
Fire Watch				Chemical, Acid, Thermal Suits				Systems De-energized, Isolated			
Confined Space Attendant				Faceshields, Goggles, Hoods				Checked for Benzene			
Equipment Operators				Fire Extinguishing Equipment				Checked for Lead			
Fire Watch				Other				Checked for Asbestos			
Other				Other				Checked for Combustibles			
Drawings Reviewed	Y	N	NA	Other				Monitoring System in Place			
Flow Diagrams				Other				Other			
Underground Systems				Other				Other			
Electrical & Pneumatic				Other				Other			
Drains, Storage, Systems				Other				Other			
Other				Other				Other			

SAMPLING AND MONITORING RESULTS (This Section to be completed prior to work commencing)

Substance	Oxygen	Combustible	Other	Other	Other	Other	Other
% or LEL	%	LEL					
Date/Time							
Initials							

List Type of Sampling Equipment: _____ Calibrated Date: _____

Sampling Conducted by: _____ Date: _____ Time: _____

Special Instructions: _____

Initiated by: _____ Reviewed by: _____ Approved by: _____